

Read Instructions on Back:

TRANSCRIPT ORDER

1. NAME Mary Sue Feldmeier				2. PHONE NUMBER (520) 620-7300	3. DATE 7/12/2017
4. FIRM NAME USAO					
5. MAILING ADDRESS 405 W. Congress Ste 4800		6. CITY Tucson		7. STATE AZ	8. ZIP CODE 85701
9. CASE NUMBER CR 11-00342-TUC	10. JUDGE Cindy K. Jorgenson		DATES OF PROCEEDINGS 11. 7/15/2011 12.		
13. CASE NAME U.S. v. Joseph Norris		LOCATION OF PROCEEDINGS 14. Tucson 15. STATE Arizona			
16. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)					
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input checked="" type="checkbox"/> SENTENCING		7/15/2011			
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (check all that apply)	ESTIMATED COSTS
30 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		PAPER COPY <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> DISK <input type="checkbox"/> PDF FORMAT <input type="checkbox"/> ASCII FORMAT <input type="checkbox"/>	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS mary.sue.feldmeier@usdoj.gov/terri.mcmillan@usdoj.gov	
				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.	
19. SIGNATURE s/Mary Sue Feldmeier					
20. DATE 7/12/2017					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	0.00
ORDER RECEIVED		DATE	BY	PROCESSED BY	PHONE NUMBER
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00

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